

## PART B - FEE(S) TRANSMITTAL

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26652 7590 05/22/2008

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08/18/2008 SSANDAR1 00000054 10737289

01 FC:1501 1440.00 0P  
02 FE:1504 300.00 0P  
03 FC:8001

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10737,289 12/16/2003

James R. Porte-McRobbie

1014-046 (2002-0377)

6512

TITLE OF INVENTION: VOICE-OVER-IP HYBRID DIGITAL LOOP CARRIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/22/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SINGH, RAMNANDAN P	2614	370-352000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael Haynes PLC  
2 Michael Haynes  
3 Dale R. Jensen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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AT&T Intellectual Property II, L.P., formerly known as AT&T Corp. Bedminster, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502504 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature

*Michael N. Haynes*

Date 15 August 2008

Typed or printed name Michael Haynes

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